

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-013929

DO NOT WRITE
ON THIS STUD.

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

3510

STATE FILE NUMBER

FILED APR 8 1963

1. PLACE OF DEATH
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN **St. Louis**

Length of stay in 1b.
3 1/2 years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Missouri** b. COUNTY

c. CITY OR TOWN **St. Louis** Inside Limits Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION **Homer G. Phillips**

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
5955 Theodosia Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First **Goldie**

Middle

Last

Timothy

4. DATE OF DEATH

Month **3-** Day **23-** Year **63**

5. SEX
Female

6. COLOR OR RACE
Negro

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH
3/2/1906

9. AGE (last birthday)
57

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
House work

10b. KIND OF BUSINESS OR INDUSTRY
Domestic

11. BIRTHPLACE (City and state or country)
Tenn.

12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

Joe McGee

13b. MOTHER'S MAIDEN NAME

Anna Weathered Spoon

14. NAME OF HUSBAND OR WIFE

Rosie L. Timothy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates)

16. SOCIAL SECURITY NO.

17. INFORMANT
Nathan Timothy 50 East 13 St.

18. CAUSE OF DEATH (Enter only one cause)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Congestive Heart Failure

INTERVAL BETWEEN ONSET AND DEATH
Undet.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Acute Myocardial Infarct

DUE TO (c)

4201

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **3-21-63** to **3-23-63** and last saw her **alive** on **3-23-63**
Death occurred at **4:45** a. m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Signature or title)

22b. ADDRESS

2601 N. Whittier St.

22c. DATE SIGNED

3-23-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE
3.30.63

23c. NAME OF CEMETERY OR CREMATORY
Washington Park

23d. LOCATION (City, town, or county) (State)
Natural Bridge & Brown Road, Mo

24. FUNERAL DIRECTOR

O. H. Burkes 3901 Ashland

25. DATE RECD. BY LOCAL REG.

MAR 27 1963

26. REGISTRAR'S SIGNATURE

Earl Smith, M.D.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

VS 300
Rev. 4/59

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Missouri

St. Louis

2555 Theodora

St. Louis

Home G. Phillips

Timothy

Goldie

Orren

Female

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

X
Student _____

Signature of Student Embalmer

Signed Lyne M. Dale

X

Licensed Embalmer No. 4628

P. O. Address 1238 N. Kuykendall

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.